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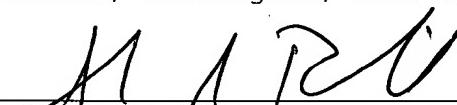
Express Mail mailing label number: EL319728010US

Date of Mailing: December 29, 1999

I certify that the attached complete utility patent Application of **BALWINDER S. SAMRA and OUMAR NABE** for **METHODS AND SYSTEMS FOR TARGETING MARKETS**, including:

- Patent Application Transmittal (1 page)
- Fee Transmittal (in duplicate) (1 page)
- Eight (8) pages of specification; three (3) pages of claims; one (1) page of abstract
- Eight (8) sheets of drawings
- Declaration and Power of Attorney (2 pages)
(For purposes of identification of inventor only)
- Certificate of Mailing Via Express Mail (1 page)
- Return post card

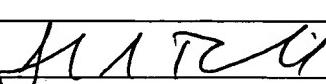
is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Box Patent Application, Assistant Commissioner for Patents, Washington, D.C. 20231.


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314/621-5070

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FEET TRANSMITTAL		Complete If Known	
<p><i>Patent fees are subject to annual revision on October 1. These are the fees effective October 1, 1997. Small entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.</i></p>		Application Number	
		Filing Date	
		First Named Inventor	Balwinder S. Samra and Oumar Nabe
		Group Art Unit	
		Examiner Name	
TOTAL AMOUNT OF PAYMENT	(\$ 708.00)	Attorney Docket Number	17207-00004

METHOD OF PAYMENT (check one)		FEET CALCULATION (continued)																																																																																																													
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number 01-2384</p> <p>Deposit Account Name [Redacted]</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.16 at the Mailing of the Notice of Allowance</p>		<p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td></tr> <tr><td>116</td><td>400</td><td>216</td><td>200</td></tr> <tr><td>117</td><td>950</td><td>217</td><td>475</td></tr> <tr><td>118</td><td>1,510</td><td>218</td><td>755</td></tr> <tr><td>128</td><td>2,060</td><td>228</td><td>1,030</td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td></tr> <tr><td>141</td><td>1,320</td><td>241</td><td>660</td></tr> <tr><td>142</td><td>1,320</td><td>242</td><td>660</td></tr> <tr><td>143</td><td>450</td><td>243</td><td>225</td></tr> <tr><td>144</td><td>670</td><td>244</td><td>335</td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td></tr> <tr><td>146</td><td>790</td><td>246</td><td>395</td></tr> <tr><td>149</td><td>790</td><td>249</td><td>395</td></tr> </tbody> </table>		Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid	105	130	205	65	127	50	227	25	139	130	139	130	147	2,520	147	2,520	112	920*	112	920*	113	1,840*	113	1,840*	115	110	215	55	116	400	216	200	117	950	217	475	118	1,510	218	755	128	2,060	228	1,030	119	310	219	155	120	310	220	155	121	270	221	135	138	1,510	138	1,510	140	110	240	55	141	1,320	241	660	142	1,320	242	660	143	450	243	225	144	670	244	335	122	130	122	130	123	50	123	50	126	240	126	240	581	40	581	40	146	790	246	395	149	790	249	395
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SUBMITTED BY		Complete (if applicable)	
Typed or Printed Name	John S. Beulick	Reg. Number	33,338
Signature		Date	12/29/97
Deposit Account User ID			

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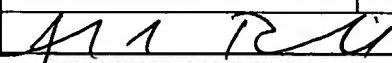
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 66/62/21 674 U.S. PTO UTILITY PATENT APPLICATION TRANSMITTAL <i>(Use for new nonprovisional applications under 37 CFR 1.53(b))</i>	Attorney Docket No.	17207-00004
	First Named Inventor or Application Identifier	
	Balwinder S. Samra and Oumar Nabe	
	Title	METHODS AND SYSTEMS FOR TARGETING MARKETS
Express Mail Label No.		EL319728010US

APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>			ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original, and a duplicate for fee processing)</i>			6. <input type="checkbox"/> Microfiche Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Specification <i>(Preferred arrangement set forth below)</i> <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 			7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(If applicable, all necessary)</i> <ol style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies 	
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) <i>[Total Sheets]</i> 8			ACCOMPANYING APPLICATION PARTS	
4. Oath or Declaration <ol style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> <small>[Note Box 5 below]</small> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 			8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i> <input type="checkbox"/> Power of Attorney	
			10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
			12. <input type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	
			14. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(If foreign priority is claimed)</i>	
			16. <input checked="" type="checkbox"/> Other: EXPRESS MAIL CERTIFICATE & DECLARATION AND POWER OF ATTORNEY (FOR IDENTIFICATION OF INVENTOR ONLY)	
<small>*NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. §1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).</small>				
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) <i>Prior application information:</i> Examiner: _____ Group/Art Unit: _____ of prior application No: _____				

18. CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number or Bar Code Label <small>(Insert Customer No. or Attach bar code label here)</small>				<input type="checkbox"/> or <input checked="" type="checkbox"/> Correspondence address below	
NAME John S. Beulick Armstrong Teasdale LLP					
ADDRESS Suite 2600 One Metropolitan Square					
CITY St. Louis		STATE MO	ZIP CODE 63102		
COUNTRY U.S.A.		TELEPHONE 314/621-5070	FAX 314/621-5065		

Name (Print/type)	John S. Beulick	Registration No. (Attorney/Agent)	33,338
Signature		Date	12/29/99

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